

1. DATE ISSUED MM/DD/YYYY 11/02/2018 | 2. CFDA NO. 93.073 | 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
CDC Office of Financial Resources  
1600 Clifton Road  
Atlanta, GA 30329

1a. SUPERSEDES AWARD NOTICE dated 04/26/2018  
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 6 NU50DD004938-03-02 Formerly | 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY  
From 02/01/2016 Through 01/31/2020

7. BUDGET PERIOD MM/DD/YYYY  
From 02/01/2018 Through 01/31/2019

**NOTICE OF AWARD**  
AUTHORIZATION (Legislation/Regulations)  
42 USC 241 31 USC 6305 42 CFR 52

8. TITLE OF PROJECT (OR PROGRAM)  
Kentucky Population-Based Surveillance of Birth Defects and Data Utilization for Public Health Action

9a. GRANTEE NAME AND ADDRESS  
Health & Family Services, Kentucky Cabinet for  
275 E Main St # 5wa  
Kentucky Cabinet for Health and Family Services  
Frankfort, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR  
Monica Clouse  
275 E Main St  
Maternal and Child Health  
Frankfort, KY 40621-0001  
Phone: 502/564/4830 x 4394

10a. GRANTEE AUTHORIZING OFFICIAL  
Ms. Martie Kupchinsky  
275 E Main St  
Frankfort, KY 40601-2321  
Phone: 5025643756x3768

10b. FEDERAL PROJECT OFFICER  
William Paradies  
Centers for Disease Control and Prevention  
CCHP/NCBDDDD/DBDDDD/DBD  
Atlanta, GA 30333  
Phone: 404-498-3919

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
I Financial Assistance from the Federal Awarding Agency Only	<input type="checkbox"/>
II Total project costs including grant funds and all other financial participation	<input checked="" type="checkbox"/>
a. Salaries and Wages .....	60,212.00
b. Fringe Benefits .....	58,562.00
c. Total Personnel Costs .....	118,774.00
d. Equipment .....	0.00
e. Supplies .....	2,324.00
f. Travel .....	4,468.00
g. Construction .....	0.00
h. Other .....	33,390.00
i. Contractual .....	63,360.00
j. TOTAL DIRECT COSTS →	222,316.00
k. INDIRECT COSTS	21,074.00
<b>l. TOTAL APPROVED BUDGET</b>	<b>243,390.00</b>
m. Federal Share	243,390.00
n. Non-Federal Share	0.00

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	243,390.00
b. Less Unobligated Balance From Prior Budget Periods	33,390.00
c. Less Cumulative Prior Award(s) This Budget Period	210,000.00
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>0.00</b>
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>630,000.00</b>

<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 4		d. 7	
b. 5		e. 8	
c. 6		f. 9	

<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>		<input checked="" type="checkbox"/> e
a. DEDUCTION		
b. ADDITIONAL COSTS		
c. MATCHING		
d. OTHER RESEARCH (Add / Deduct Option)		
e. OTHER (See REMARKS)		

**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**

a. The grant program legislation  
b. The grant program regulations.  
c. This award notice including terms and conditions, if any, noted below under REMARKS.  
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -  Yes  No)

GRANTS MANAGEMENT OFFICER Patricia French, Grants Management Officer

17. OBJ CLASS 41.51	18a. VENDOR CODE 1610600439B5	18b. EIN 610600439	19. DUNS 927049767	20. CONG. DIST. 06	
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 8-9211897	b. 16DD004938	c. 93.073	d. DD	e. \$0.00	f. 75-18-0958
22. a. 8-939ZRAM	b. 16DD004938	c. 93.073	d. DD	e. \$0.00	f. 75-18-0958
23. a.	b.	c.	d.	e.	f.

NOTICE OF AWARD (Continuation Sheet)

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**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	\$0.00	\$0.00	\$0.00

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
02/01/2016	01/31/2017	Annual	05/01/2017
02/01/2017	01/31/2018	Annual	05/01/2018
02/01/2018	01/31/2019	Annual	05/01/2019

# AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

6 NU50DD004938-03-02

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1. Terms and Conditions

## **ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Carryover:** The purpose of this amended Notice of Award is to approve carryover of unobligated funds in the amount of \$33,390 from budget period **02** to budget period **03**. This is in response to a request submitted by your organization dated May 24, 2018. These funds have been distributed as indicated in the approved budget of this Notice of Award.

Unobligated funds in the amount of \$33,390 have been applied to this award based on the Federal Financial Report dated April 13, 2018. Please note that if the actual amount of available unobligated funds is less than the amount used in this action, the total approved budget may be reduced by the difference in a subsequent award action, thus reducing the amount of the current award.

These funds are approved for the current year budget period only with no commitment for continued support in future budget periods.

Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer

### **PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**

Administrative Contacts:

**Grants Management Officer**, Patricia French  
Centers for Disease Control  
Office of Grants Services  
2960 Brandywine Road  
Atlanta, Georgia 30341  
Telephone: 770-488-2849  
Email: PFrench@cdc.gov

**Grants Management Specialist:** Keisha Thompson  
Center for Disease Control and Prevention  
CDC / ATSDR  
2960 Brandywine Road MS.E-01  
Atlanta, GA 30341  
Telephone: 770-488-2681  
Email: dwt6@cdc.gov